

Connecticut Community Providers Association
a unified voice for community human service providers

Public Health Committee Testimony
H.B. No. 6921: An Act Concerning Behavioral Health

Good Morning Senator Handley, Representative Sayers and esteemed members of the Public Health Committee. My name is Michael Wynne and I am the CEO of the Lower Naugatuck Valley Parent Child Resource Center ("LNVPCRC"). The LNVPCRC has been serving families in the towns of Ansonia, Derby, Oxford, Seymour, and Shelton since 1975. We are the leading provider of behavioral health services to children and families in the Lower Naugatuck Valley. The mission of the LNVPCRC is to promote, enhance and maintain the positive behavioral health of children and families so they might develop to their fullest potential.

I am testifying today on behalf of the Connecticut Community Providers Association as a member of their Board of Directors and Co-Chair of their Children's Mental Health and Substance Abuse Division.

I am here today to speak in support of the important work being done under the Behavioral Health Partnership ("BHP"). Such a historic commitment to the behavioral health needs of children and families cannot be underestimated when it comes to creating positive outcomes for some of Connecticut's most vulnerable people. To this end, it is important that the rates under the BHP receive increases in the same percentage that the Managed Care Organizations ("MCO") receive. For the first half of 2006 the 3.88% increase was passed along to all rates. This set a positive precedent for supporting all of the partners in the BHP.

In the second half of 2006, provider rates received only a 1% increase, while funds were used to implement the Enhanced Care Clinics ("ECC"). We supported and continue to support the development of the ECCs but other rates must be increased to match inflation as well. While the ECCs will hopefully meet critical needs, their success should not be at the expense of the rest of the service delivery system. Programs such as Family Support Teams (FST) and Multidimensional Family Therapy (MDFT) are in need of more than a 1% rate increase in order to continue providing the essential services they deliver.

If the Department of Social Services and the BHP Oversight Council decide to recommend funding enhancements for particular programs that cannot be instead of funding provider rate increases, it must be in addition to supporting the agencies providing critical services. We support the ability of the program to be flexible and meet the changing needs of the populations we serve by adding or augmenting levels of care when appropriate. What we ask is that such development not be at the expense of assuring that provider rates simply keep pace with inflation. Rates that do not reflect the reality of the increased cost of doing business translate into cuts to services.

An example of the danger of stagnation of rates can be seen in the Medicaid rates for such services as freestanding outpatient mental health clinics, which have been virtually frozen for years, as evidenced by the chart attached to my testimony today. If the BHP is to succeed, annual rate increases at least equivalent to the MCO rate increases need to be provided to all rate levels.

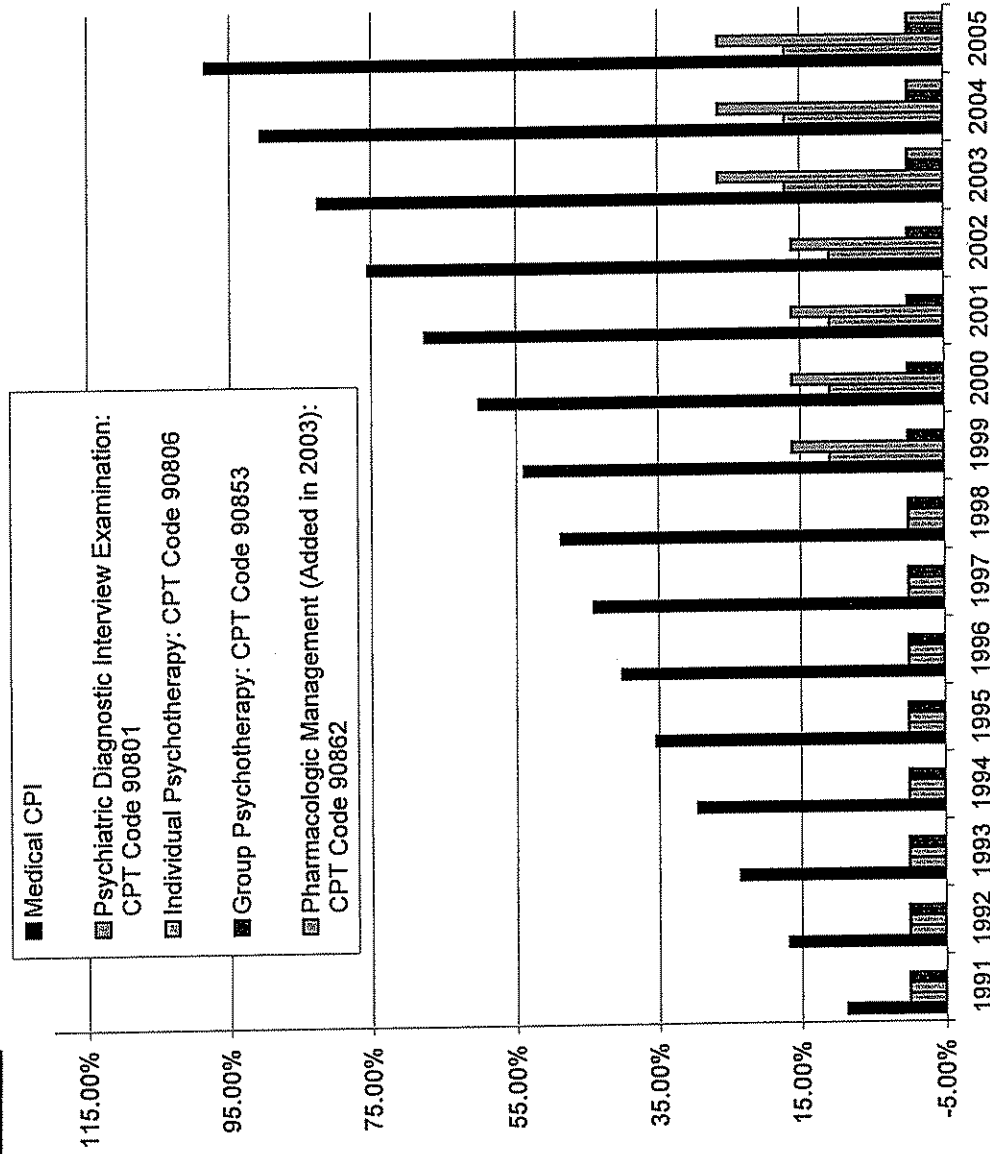
Similarly, I would ask that this committee ensure that sufficient funding is available to support the transition of any additional services from grant funding to a fee-for-service structure. The transition of Intensive In-Home Child and Adolescent Psychiatric Service (IICAPS) to a fee-for-service required long negotiations between the state and providers and now almost a year into the transition the majority of IICAPS providers are losing money on these programs. We must learn from this experience, so that valuable services are not lost because of bureaucratic changes.

The BHP has been successful to date because of the collaboration between the state and providers to recognize, assess and meet the needs of children and families in Connecticut with behavioral health issues. Failing to fund providers under the BHP at this juncture, would be to undue the countless hours of hard work put in by both providers and the state to make the BHP a viable program. Moreover, failing to set appropriate rates under the BHP is to doom it and the children and families that rely on it to failure.

I am asking this committee to support the BHP by supporting providers and thereby supporting the children and families that need us the most. I thank you for your time and would be happy to answer any questions the committee may have.



CCPA Analysis: Compounded Growth of Adult Community Mental Health Clinic Medicaid Rates Compared with Compounded Medical Consumer Price Index (CPI)



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